#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

TOWN A CHILY CLERK

7919 SEP - 3 PM 3: 2

Do Not Mark in This Space For Official Use Only

Page 1 of 17

#### COVER PAGE

1. NAME OF COMMITTEE	-		
Surgeon 1	4 Council	(	
2. TREASURER NAME			
First Teffrey	A: M	Last StewAnt	Suffix
3. TREASURER ADDRESS			
Street Address 30 Belden Stree	City	Hartford	State Zip Code  Clock 25
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete onl	y if Candidate Committee)	6. DISTRICT NUMBER
(mm/dd/yyyy) 69-03-20/9	City Council		(f applicable)
7. CANDIDATE NAME (Complete only if			
Shirley	MI	Last Surgeon	Suffix M.S
8. TYPE OF REPORT (Check One Box)			
O January 10 filing	7th day preceding primary	7th day preceding referendum	O Initial Contribution or Disbursement (PACs ONLY)
April 10 filing	30 days following primary	45 days following referendum	(Amendment to
O July 10 filing	O7th day preceding election	O Deficit	Type of Report:
October 10 filing	12th day preceding election (State Central Committees Only)	O Termination	
Independent Expenditure Primary Election	O45 days following election not held in November		
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	07/01/19	thru 09/01/19	
10, CERTIFICATION			
Je May A Lan	iod covered is true, accurate and	all of the information set forth on this d complete.  Effey J. Stewant	s Itemized Campaign Finance  O9/03/2019  DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT I.	S PUNISHABLE BY FINE NOT TO EX	CEED \$1,000, OR IMPRISONMENT FOR NO	OT MORE THAN ONE VEAP OF POTU

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

**SUMMARY PAGE TOTALS** 

NAME OF COMMITTEE	TYPE OF REPORT	
Surgeon 4 Council	7th DAY Precedin	y Primpry
·	COLUMN A	COLUMNB
and the second s	This Period	Aggregate
<ol> <li>Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees</li> </ol>		
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	# 2475	
14. Receipts from Other Committees (Sections C1 and C2)	0	
15. Other Monetary Receipts (Sections D through K)	# 1349,38	-
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)  Municipal and Town Committees ONLY	0	The committee of the state of the committee of the commit
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	#3824.38	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	43824.38	
19. Expenses Paid by Committee (Section P)	\$ 1792.79	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$ 2031.59	
21. In-Kind Donations not Considered Contributions Received (Section L4)	Ŏ	
22. In-Kind Contributions Received (Section M)	\$250	
23. Refundable Deposit to Telephone Company (Section N)	0	
24. Receipts of Organization Expenditures (Section O) OPTIONAL	0	
25. Beginning Loan Balance	1349,38	
25a. + Loans Received (Section D)	1349,38	
25b. + Interest and Penalties on Loan	0	
25c Payments on Loan	0	
25d. Total Outstanding Loan Amount	4 1349.38	
26. Campaign Expenses Paid by Candidate (Section Q)	4 13 49.38	and the second s
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	M 668	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	4 668	- Leading Street, Colored Stre

NAME OF COMMITTEE	WIONETAKE RECEIP 15 (Sections.		160 0
	·1	TYPE OF REPORT	D
Surgeon 4 Counc		2th Day freced	ing RIMARY
A. Total Contributions from Small (See instructions for definition of Small Contr	Contributors-Received this Period ONLY  SUBTOTAL SECTION A	\$	<b>,</b>
(Section actions of a section of the	Subjection A		Anna Carlotte Company of the Company
	B. Itemized Contributions from Indivi	duals	
Last Name	First		MI
S-fewart Residential Street Address	Jeffrey		
12- DII CI 1-	City / and food	/	tate Zip Code
20 De den Street Principal Occupation	Name of Employer		1 06/20
Refired	Retire	/	
` \	ontribution is in excess of \$400 to a candidate for a chief executive	·	Amount of Contribution
or dependent child of a lobbyist? ONO does	contributor or business he/she is associated with have a contract ed at more than \$5,000?		450
Is this contribution associated with a Yes	Is contributor a principal of a state contractor or prospective sta	te contractor? 🔘 Yes	50
fundraising event listed in Section L1? No  If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	<u>~</u> Ø-₩o	
Method of Contribution:	Date Received	Aggregate Contributions	
OCash Personal Check OCredit/Debit Card	Payroll Deduction OMoney Order 7-5-19	450	
Last Name	First ·		MI
Button III	Lewis		
Residential Street Address	City	St	ate Zip Code
1938 Glasgo RoAd	GRISWOOD		T 06351
Principal Occupation ()	Name of Employer	$\Gamma$ $\sim$ $T$	
Is contributor a lobbyist, spouse,  Yes If co	ntribution is in excess of \$400 to a candidate for a chief executive	officer of a municipality.	
or dependent child of a lobbyist?  No does	contributor or business he/she is associated with have a contract	with said municipality	Amount of Contribution
Is this contribution associated with a Yes	ed at more than \$5,000? Yes No  Is contributor a principal of a state contractor or prospective state.		RIDD
fundraising event listed in Section L1? No	If yes, indicate which branch or branches	No No	V • •
If yes, list Event #	of government the contract is with: Executive  Date Received	O Legislative Aggregate Contributions	
OCash Personal Check OCredit/Debit Card C		\$ 100	
Last Name	First	100	MI
Liu	Bernard		
Residential Street Address	City	St	ate Zip Code
317 torest LANE	Glaston bury		T 06033
Principal Occupation	Name of Employer J	C (T	
Homey	D-TATE C	y C1	
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contract	officer of a municipality, with said municipality	Amount of Contribution
	ed at more than \$5,000? Yes No		\$ [00
Is this contribution associated with a fundraising event listed in Section L1?	Is contributor a principal of a state contractor or prospective stat If yes, indicate which branch or branches	e contractor? Yes	¥
If yes, list Event #  Method of Contribution:		Tegistative .	
OCash Personal Check OCredit/Debit Card	1 -	Aggregate Contributions	
	SUBTOTAL Section B —	This Page P22	0
	TOTAL of additional Secti	on B. Pages 4 2 4	75
TOTAL.OR	ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec		5
	(Enter total on Line 13 of Summur		, 15

### Section B ADDITIONAL PAGE 3 A of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Surgeon 4 Council	7th Day preceding Primary		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Indi	viduals		
Last Name  MARTIN  Residential Street Address  City.	MI		
Residential Street Address [34 Brookline Avenue Bloomfield]	State Zip Code		
Principal Occupation Name of Employer	4 06002		
CARponter. Self Em			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief execut does contributor or business he/she is associated with have a contra valued at more than \$5,000?	ct with said municipality		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # \$\insigm \infty	ate contractor?		
Method of Contribution:  Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ 万一万一9	\$ 100		
Last Name Bromley First Theodor	2 ME		
Residential Street Address J City Hebron	State Zip Code		
Principal Occupation Name of Employer	0 CT		
Attorney State of	54 (		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # OFD 7/9   Section L2   Is contributor a principal of a state contractor or prospective standard in Section L2   Is contributor a principal of a state contractor or prospective standard in Section L1?  If yes, list Event # OFD 7/9   Security   Securi	ate contractor? ☐ Yes ☑ No □ ☐ Legislative		
Method of Contribution:  Date Received Aggregate Contributions			
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	\$ 100		
Gordon Richedo	T MI		
Residential Street Address  63 Edgewood Street  Hartford	State Zip Code CT O6112		
Principal Occupation V  Self Employed  Self Employed	ployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate for a chief executi does contributor or business he/she is associated with have a contract valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # OFO 7 14 A Security	No		
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions		
SUBTOTAL Section B — This	Page 4 250		
TOTAL of additional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page			

## Section B ADDITIONAL PAGE 3b of 17

NAME OF COMMITTEE (Provide Complete Name as Reg	ixtered with Filing Repository)		TYPE OF REPORT	
Surgeon 4 Coun	cil		7-in Day precedu	y primary
A. Total Contributions from Small ( (See instructions for definition of Small Contribution)		l this Period ONLY BTOTAL SECTION A	\$	THE
				The state of the s
	B. Itemized Cont	ributions from Indivi	duals	
Last Name WRey-Jeffey		MAR een		MI
Residential Street Address	Cit		S	State Zip Code
205 Cromwall Street		HANTOR	C	-1   0@  2
Centified Nursing Ass	istant	Name of Employer RIVERS (de	Health Reh	14h
Is contributor a lobbyist, spouse, Yes If cont or dependent child of a lobbyist?	ribution is in excess of \$400 to a contributor or business he/she is a at more than \$5,000?	a candidate for a chief executive associated with have a contract Yes	e officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # OBO 7194	contributor a principal of a state  If yes, indicate which branch of government the contract is	or branches	e contractor? Yes	P10
Method of Contribution:	or government the contract is	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ F	Payroll Deduction  Money Or	rder 8-8-14	£ 10	
Last Name		First	***************************************	MI
Residential Street Address	Ciŋ	1 bertrug	9	tate Zip Code
208 Cornwall Str	cet	Hantford		T 06/12
Principal Occupation  Ness MAKEN	. )	Name of Employer	ad Number f	on school
Is contributor a lobbyist, spouse,				
or dependent child of a lobbyist?				
Is this contribution associated with an Yes Is event reported in Section L1?	s contributor a principal of a stat  If yes, indicate which branch	•	e contractor?	
If yes, list Event # 0507 19 A	of government the contract is		☐ Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ P	ayroll Deduction LIMoney Or	der D-D-[4]	4/0	
Last Name		Victor		$M_{\rm M}$
Residential Street Address	City	1 1 1 6 1	S	tate Zip Code
Principal Occupation		Harstord		7 06/14
		Name of Employer	raductions	
BUSINESS DWNER  Is contributor a lobbyist, spouse, Pres If contr	ibution is in excess of \$400 to a	candidate for a chief executive	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution
or dependent child of a lobbyist? No does co	entributor or business he/she is a at more than \$5,000?			GI .
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?				
event reported in Section L1?  If yes, list Event # OFORA   If yes, indicate which branch or branches of government the contract is with:   Executive   Legislative				
Method of Contribution:  Date Received Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ S - S - Q □ 3 3.5				
SUBTOTAL Section B—This Page \$ 45				
TOTAL of additional Section B Pages				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				

### Section B ADDITIONAL PAGE 3c of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Surgeon 4 Council		7th Day Preceding Primary		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$		
	ntributions from Indivi	duals		
Last Name VASSe	Naomi	MIK		
Residential Street Address  209 Cromwall Street	city Hantford	State Zip Code CT 06/12		
Principal Occupation LINGENSED PRACTICAL NUISC	Name of Employer Riverside H	realt + Rehald		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				
Method of Contribution:	Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 8-8-19	450		
Last Name Homes	First Vy //a	MI		
Residential Street Address 655 MAPLE AVENUE	city HAR-t-ford	State Zip Code CT Ob 114		
Principal Occupation  Name of Employer  Vula Homes Real Estate				
Is contributor a tobbyist, spouse,  Yes If contribution is in excess of \$400	1 4 9 1 1 1			
or dependent child of a lobbyist?  does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? Solution If yes, list Event # OFOTICA IN No If yes, indicate which brain of government the contract		e contractor? ☐ Yes ☐ Xo ☐ Legislative ☐ Yes ☐ Xo ☐ Yes ☐ Xo ☐ Yes ☐ Ye		
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	00011	Aggregate Contributions		
Last Name	First	MI		
Holloway	Georgina City	State Zip Code		
14 Fairmount Street	Hartford	CT 06/20		
Principal Occupation Retifed	Name of Employer  Net(Ved)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # DEDTIFF A Is contributor a principal of a solution of government the contraction of government the contraction.	t is with:	□ Legislative		
Method of Contribution:    Date Received   Aggregate Contributions				
SUBT	OTAL Section B — This	Page ( 120		
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 13, Column A of Summary Page 1			

## Section B ADDITIONAL PAGE 3d of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon 4 Council	7th Day Preceduly Primary
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
	A STATE OF THE STA
B. Itemized Contributions from Individual	duals
Last Name First HUACINTH	MI
Residential Street Address City	State Zip Code
Principal Occupation Ref (red Ref)	CT 06114
Principal Occupation Red (red Retired	d
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  No If yes, indicate which branch or branches	e contractor?
If yes, list Event # OSO' (19)   Of government the contract is with:   Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5-8-19	\$ 25
Last Name First N/CK	MI
Residential Street Address City	State Zip Code
192 I nurel Street Handford	CT 06105
Principal Occupation Name of Employer	1-1 100,00
Program Administration Catholic CI	harities
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract	
valued at more than \$5,000?	\$ 20
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0 6 7 9 4 4	Ū∕Ño
Method of Contribution: Date Received	Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ S - S - ( 9	4 20
Last Name First	MI
GUZMAN LSQUE	
Residential Street Address  City  Long to the process of the street Address of the stree	State Zip Code
20 Rocking I pm Street HARTford Principal Occupation Name of Employer	0 00117
Principal Occupation  Name of Employer  Name of Employer  N/A	
Is contributor a lobby ist, spouse,  Yes If contribution is in excess of \$400 to a candidate for a chief executive	officer of a municipality, Amount of Contribution
or dependent child of a lobbyist?	with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0507144 Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	
	Aggregate Contributions
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	110   A
SUBTOTAL Section B — This	
TOTAL of additional Section B P	ages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 7	

## Section B ADDITIONAL PAGE 3e of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Surgeon 4 Council		7th Day Preceding Primary	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$		
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First Oic		MI
ORTIZ-SANNEZ  Residential Street Address  34 Sey Mour Street  Principal Occupation	+145  City	Is	tate Zip Code
34 Sev mour Street	Windson		106095
Principal Occupation U	Name of Employer		NO COLO
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0607/9 A Is contributor a principal of a If yes, indicate which brain of government the contract	state contractor or prospective state nch or branches	e contractor?	410
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 7-8-4	Aggregate Contributions	
Last Name Woods	First ANdrew		MI
Residential Street Address 410 ASYlum Street unit 305	City  HANGORU  Name of Employer	SI	zip Code  Zip Code  DO(05
Social Worlden	HARHOOD CO		<del></del>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes   Ye			
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 8-8-14	Aggregate Contributions	
Last Name Fe FMAN	First	· · · · · · · · · · · · · · · · · · ·	MI
Residential Street Address  50 Beech Fine LANE  Principal Occupation	City West Hansford Name of Employer	2	zip Code  Zip Code  O6(0)
Executive Director	Integur	tronal Hantford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 57.7744  Is contributor a principal of a s  If yes, indicate which bran of government the contract		¥ZI No	30
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money  ☐ Cash ☐ Payroll Deduction ☐ Money		Aggregate Contributions	
SUBT	OTAL Section B — This	Page 6	00
TOTAL	of additional Section B P	ages	
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A	+B) & 24	7

# Section B ADDITIONAL PAGE 3 f of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  Surgeon H Council		7th DAX Preceding Primary	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A		\$	
		The state of the s	
B. Itemized Contribu		uals	
Last Name First	Cp: Hileen		J
Residential Street Address J City  25 FORSten Street Hu	and ford	Si	Zip Code
Principal Occupation  A HOTNey	Name of Employer KAMLEEN KOW	Alushan, LLC	~ ~
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a cand does contributor or business he/she is associately valued at more than \$5,000?	idate for a chief executive	officer of a municipality,	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # DEO (4) A  Is contributor a principal of a state cont If yes, indicate which branch or brof government the contract is with:	ractor or prospective state	_	<sup>4</sup> 25
		Aggregate Contributions  \$ 25	
Last Name First	Edwin		MI
Residential Street Address City	tartford	St	ate Zip Code
Principal Occupation  State Representative	Name of Employer State of	ct	, J. S. K. J. J. S.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # OFO719 A  Method of Contribution:  If yes, list Event # OFO719 A  Method of Contribution:	anches	<b>∠</b> No	100
☐ Cash ☐ Payroll Deduction ☐ Money Order	8-7-19	4100	
Last Name First	JAMPI		MI P
Residential Street Address City South South	hengton	St	ate Zip Code
	Name of Employer	CCT	1 100101
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # DEDIGG  If yes, list Event # DEDIGG  If yes, list Event # DEDIGGE  If yes, list Event # DEDIGG	anches	contractor? Yes	- 100
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	Date Received A	ggregate Contributions	
SUBTOTAL Section B — This Page # 225			
TOTAL of additional Section B Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIV (Enter total on Line 13, Colun			75

## Section B ADDITIONAL PAGE 39 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Surgeon & Council		7th DAY	Preceding	PRIMARY
A. Total Contributions from Small Contributors-Received thi (See instructions for definition of Small Contributor) SUBTO	is Period ONLY OTAL SECTION A	\$	J	
			the control of the co	
B. Itemized Contribu	utions from Individ	luals		
Last Name Firs	st ,	iuas		MI
	MARilyn			
253 FreeMAN Street HA	getford		State	ip Code 06/06
Executive Ornecton	Name of Employer The OPen	Hearth		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a cand does contributor or business he/she is associ	lidate for a chief executive iated with have a contract v	officer of a municipa		of Contribution
valued at more than \$5,000?  Is this contribution associated with an   X   Yes   Is contributor a principal of a state contributor approximately   Yes   Is contributor approximately   Yes   Ye				5
event reported in Section L1?		Legislative	40	
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money Order	Date Received	Aggregate Contributions	;	
Last Name First	Estella			MI
Residential Street Address SS Mornings (de Street West )	"Hantford		State Zip	) (6 11 7
	Name of Employer	red	1-, 10	W IIA
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she is associated to the contributor of the contributor of business he/she is associated to the contributor of the contr	idate for a chief executive ated with have a contract w	officer of a municipa vith said municipality	lity, Amount	of Contribution
valued at more than \$5,000?  Is this contribution associated with an	Yes No	contractor?	- P/1	OC (
event reported in Section L1?  No  If yes, indicate which branch or br of government the contract is with:	ranches	<u>"</u>		
	Date Received A	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order  Last Name First	7-24-19	100		
East Name SUTGEON	DonnA			MI
Residential Street Address City	lantford		State Zip	Code
Principal Occupation	Name of Employer	<b>*</b>	19/10	0110
Registered Nurse	+MC	treseni	us 💮	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a candidate contributor or business he/she is associately valued at more than \$5,000?				of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If yes, indicate which branch or bra of government the contract is with:	ractor or prospective state canches	contractor?		50
Method of Contribution:		Aggregate Contributions		
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	1-00-19	4 W2 D	20-	
SUBTOTAL	Section B — This P	age 4	575	
	litional Section B Pa	OT 1000		
TOTAL OF ALL CONTRIBUTIONS FROM INDIV (Enter total on Line 13, Colun			475	

## Section B ADDITIONAL PAGE 3 h of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon 4 Council	74h DAX Preceding Prime
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
	Annual Control of the
B. Itemized Contributions from Indivi	duals
Redd 11 First CAREY	МІ
Residential Street Address City	State Zip Code
264 Whit new Street HANTford	CT 06/05
Principal Occupation Name of Employer PARKING Professional City	of New Howardon CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract	e officer of a municipality. Amount of Contribution
valued at more than \$5,000?	e contractor?  \( \sum \text{Yes} \)
event reported in Section L1?	Legislative No
Method of Contribution:  Date Received	Aggregate Contributions
□ Cash □ Rersonal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	r 250
Sullivan Geradu	Mi P.
Residential Street Address  City	State Zip Code
Principal Occupation Name of Employer	4 06/05
Home Maker	1
Is contributor a lobbyist, spouse,	e officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Is contributor a principal of a state contractor or prospective state   If yes, indicate which branch or branches   If yes, list Event #   Executive   Executive   Is contributor a principal of a state contractor or prospective state   If yes, indicate which branch or branches   If yes, indicate which branches   If yes, indindicate which branches   If yes, indicate which branches   If yes	.ΣΣίΝο   (   ( ) ( )
	Aggregate Contributions
Last Name    First   F	4 100 IM
Wyman Michael	
Residential Street Aldress  [City TollAND]	State Zip Code O6084
Principal Occupation Name of Employer	T 11.
Registran of Voters. Town of Is contributor a lobby ist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive	DIANA
or dependent child of a lobbyist?  Solution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Description is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:    Executive   Ex	contractor?
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Aggregate Contributions
SUBTOTAL Section B — This I	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUAL GOLDS	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page T	

## Section B ADDITIONAL PAGE 3; of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	AND ADDRESS OF THE PROPERTY OF
Surgeon 4 Council		744 NAY Pre	eceding Primary
A. Total Contributions from Small Contributors-Received	this Period ONLY TOTAL SECTION A	\$	J
			Balliphology processing a secretary delaying the second section of the second s
	butions from Indivi	duals	
Khule	First G ARY		MI (4)
Residential Street Address City 508 HAW-MOME LANC	Windson		State Zip Code  CT 06095
Principal Occupation  MD CONSULTANT	Name of Employer HUVULA	1 Sun LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a contribution or business he/she is assigned at more than \$5,000?	andidate for a chief executive ociated with have a contract	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a state contributor in the contract is with an event reported in Section L1?  If yes, list Event #	contractor or prospective state	√⊿ No	7250
Method of Contribution:	Date Received	Aggregate Contributions	
	r 8-9-19	7250	MI
Residential Street Address City	Douglas	>	
235 Blue Hills Avenue	Hartford		tate Zip Code    O6/12
Principal Occupation  Education	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a ca does contributor or business he/she is assovated at more than \$5,000?	indidate for a chief executive ociated with have a contract v	officer of a municipality, vith said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contributor aprincipal of a s	ontractor or prospective state	contractor?	#100
If yes, list Event # of government the contract is will Method of Contribution:			
☐ Cash ☐ Payroll Deduction ☐ Money Order	0001	9100	
Wright	irst Itenhent		МІ
Residential Street Addless City  55 E(M Street	TARIFFUEL	le s	tate Zip Code CT 0608/
Principal Occupation  Reficed	Name of Employer	1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000?	ndidate for a chief executive ciated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contributor aprincipal of a state contributor	ntractor or prospective state	contractor? ☐ Yes ☐ No ☐ Legislative	*60
Method of Contribution:  → Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	Date Received  5-3 -19	aggregate Contributions	
SUBTOTA	L Section B — This P	61	10
TOTAL of ac	dditional Section B Pa	ges	
TOTAL OF ALL CONTRIBUTIONS FROM IND (Enter total on Line 13, Coli	IVIDUALS (Sections A - umn A of Summary Page To	+B) & 24	75

## Section B ADDITIONAL PAGE 31 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Surgeon 4 Council	7th Day Preceding Primary
A. Total Contributions from Small Contributors-Received this Period ONLY	s J scarry / ref / reg
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Indivi	duals MI
Baven Jeremy	E
Residential Street Address 596 Broadview Terrace City HARtford	State Zip Code CT 06/06
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse	en Law Group LLC
or dependent child of a lobbyist?    Property   Contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, Amount of Contribution with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state of government the contract is with:    If yes, indicate which branch or branches of government the contract is with:	e contractor? Pres Pro Legislative Pro
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions
MATHEWS First I. Charles	MI
Residential Street Address  H Sunnydiale Road  Principal Occupation  Name of Employer	State Zip Code
Principal Occupation (Name of Employer)  Returned	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes Ground Structure of Contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes Ground Structure of St	with said municipality
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:	X2 No I
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order 8-20-19	Aggregate Contributions
Euston First Anthony	, MI
Residential Street Address  City HANFord  Nils HanFord	State Zip Code OC/14
Principal Occupation   Name of Employer   HetnA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	officer of a municipality, with said municipality
The second secon	contractor? Yes Legislative
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions
SUBTOTAL Section B — This I	Page # 195
TOTAL of additional Section B Pa	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

State   Zip Code   Date Received   Aggregate Contributions	Page 4 of 1
Name of Committee  Name of Commi	ORT
Name of Committee    State   Zip Code   Date Received   Aggregate Contributions   State   Zip Code   Date Received   State   Date Received   Date Re	receding PRIMPRY
Address  Is this contribution associated with a fundraising event listed in Section L17  Gity  State  Zip Code  Date Received  Aggregate Contributions  Name of Treasurer  Name of Committee  Name of Treasurer	an may be seen a see that the seen and the see
Is this contribution associated with a fundraising event listed in Section L17    Hyes, list Event #   Aggregate Contributions	
Is this contribution associated with a fundraising event listed in Section L17    Hyes, list Event #   Aggregate Contributions	
State   Zip Code   Date Received   Aggregate Contributions	
State Zip Code Date Received Aggregate Contributions  Name of Committee   Name of Treasurer    Name of Treasurer   Name	o Amount of Contribution
Name of Committee    State   Zip Code   Date Received   Aggregate Contributions   C2. Reimbursements, Payments, or Surplus Distributions from other Committee   Name of Tressurer   Name of Tressurer   Date Received   Date Received   Reimbursement for shared expense   Payment for goods and services   Surplus Distribution   Surplus Distribution   Surplus Distribution   Date Received   Dat	
Address  Is this contribution associated with a fundraising event listed in Section L1?  ### Date Received    State	
Name of Committee    State   Zip Code   Date Received   Aggregate Contributions   C2. Reimbursements, Payments, or Surplus Distributions from other Commitment of Committee   C2. Reimbursements   Payments, or Surplus Distributions from other Commitment   C3. Reimbursement for goods and services   C4. Reimbursement for	
Address   Is this contribution associated with a fundraising event listed in Section L1?    If yes, list Event #	
Is this contribution associated with a fundraising event listed in Section L1?    State	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Name of Committee  Name of Committee  Name of Treasurer  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  State  Zip Code  Date Received  Aggregate Contributions  Name of Treasurer  Aggregate Contributions  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  State  Zip Code  Date Received  Aggregate Contributions  Aggregate Contributions  Contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  Contributions  Contributions  Contributions  Contributions  State  Zip Code  Date Received  Aggregate Contributions  Aggregate Contributions  Date Received  Aggregate Contributions  Contr	
fundraising event listed in Section L1?    State	Amount of Contributio
State Zip Code Date Received Aggregate Contributions  Name of Committee    Name of Treasurer	Amount of Contribution
Name of Committee    Name of Treasurer   Name of Treasurer	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #    State	······································
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  State Zip Code Date Received Aggregate Contributions    State   Zip Code   Date Received   Aggregate Contributions	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  State Zip Code Date Received Aggregate Contributions  Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  State Zip Code Date Received Aggregate Contributions    Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #    If yes, list Event #   If yes, list Event	
Is this contribution associated with a fundraising event listed in Section L1?  ### Press, list Event ## City  State	
Is this contribution associated with a fundraising event listed in Section L1?  ### Pres, list Event ## Ore	
Is this contribution associated with a fundraising event listed in Section L1?    Aggregate Contributions   Aggregate Contributions	Amount of Contribution
State Zip Code Date Received Aggregate Contributions    State	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  C2. Reimbursements, Payments, or Surplus Distributions from other Companies    State   Zip Code   Date Received   Name of Treasurer	1
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  C2. Reimbursements, Payments, or Surplus Distributions from other Companies of Committee  Name of Treasurer  Date Received  Name of Treasurer  Value of Committee  State  Sta	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  C2. Reimbursements, Payments, or Surplus Distributions from other Companies    C3	
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  C2. Reimbursements, Payments, or Surplus Distributions from other Companies    Date Received   Name of Treasurer	Company of the Compan
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  C2. Reimbursements, Payments, or Surplus Distributions from other Companies    Date Received   Name of Treasurer	•
Is this contribution associated with a fundraising event listed in Section L1?  If yes, list Event #  C2. Reimbursements, Payments, or Surplus Distributions from other Companies of Committee    Date Received   Name of Treasurer	
State Zip Code Date Received Aggregate Contributions  C2. Reimbursements, Payments, or Surplus Distributions from other Companies of Committee    Date Received   Name of Treasurer	Amount of Contribution
C2. Reimbursements, Payments, or Surplus Distributions from other Companies of Committee    Date Received   Date Received	
C2. Reimbursements, Payments, or Surplus Distributions from other Companies of Committee    Name of Treasurer	
ddress  Date Received  State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution	
ddress  Date Received  State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution	
ddress  Date Received  State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution	nittees
ity  State  Zip Code  Reimbursement for shared expense Payment for goods and services Surplus Distribution	
State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution	
State Zip Code Reimbursement for shared expense Payment for goods and services Surplus Distribution	
Reimbursement for shared expense Payment for goods and services Surplus Distribution	Amount of Receipt
Reimbursement for shared expense Payment for goods and services Surplus Distribution	
O Surplus Distribution	
nme of Committee Name of Treasurer	
I	
ldress Date Production	
Date Received	Amount of Receipt
ty State Zin Code	
State Zip Code Reimbursement for shared expense Payment for goods and services	
Surplus Distribution	
	. 1110
SUBTOTAL Section C — This Page	NIA
	NIN
TOTAL of additional Section C Pages  TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS	11-1

NAME OF COMMITTEE		<u> </u>	TVPEOR	REPORT	
Surgeon 4 Council				AX Preced	ding Primpry
	D. Loans Rece	ived this Period		e e e e e e e e e e e e e e e e e e e	
Name of Lender  Sharey Surgeon  Street Address	T.C	Source of Loan: OBank Cand	didate ( Individua)	Committee	Date of Receipt U 16/14 fury B 23/14
160 Adams Street	City HANTGOI	d	State	Zip Code OGUQ	Is there a Cosigner or Guarantor of this loan? Yes WNo
Name of Cosigner/Guarantor (if applicable)					Amount Received Multiple Expenditure
Street Address	City	<del> </del>	State	Zip Code	Multiple Expenditure totally to
Name of Lender		Source of Loan: OBank Cand	didate OIndividual	Other Committee	Date of Receipt
Street Address	City	•	State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Cand	lidate OIndividual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
		тот	AL SECTION:	D #	349.38
E. Receipts from Entities other t	han Individuals o	or Other Commi	ttees (Referendu	m Committees	ONLY)
Name of Entity	NIA			,	
Street Address	——————————————————————————————————————		Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	tions	
Name of Entity					
Street Address			Date Received		Amount Received
Sity	State	Zip Code	Aggregate Contribu	tions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribut	tions .	
	<b> </b>		IAL SECTION	E	

#### I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

NAME OF COMMITTEE						TYPE OF REPO	PRT	
Surgeon	- 4 Cour	A SECTION OF THE SECTION AND A SECTION OF			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	17th Day		PRIMARY
The state of the s	ount Transferred	from Affil	iated Bu	siness Trea	isury (Busin	ess Entity Commi	ttees ONLY)	$J_{ij}$
Date of Receipt	Is this transaction assoc fundraising event listed		8Yes No	If yes, list Eve	ent#	WIA	Amou	nt .
Date of Receipt	Is this transaction assoc fundraising event listed		8Yes No	If yes, list Eve	ent#.		Amou	nt
Date of Receipt	Is this transaction assoc fundraising event listed		O Yes No	<i>If yes</i> , list Eve	ent #		Amou	nť
Date of Receipt	Is this transaction assoc fundraising event listed		O Yes No	If yes, list Eve	ent#		Amoui	nť
					TOTALS	ECTION F		
		· .						
G. Amount Transf	erred from Affilia	ted Labor	Union o	r Other Or	ganization '	Treasury (Orgo	anization Committe	es ONLY)
Date of Receipt		Date of Receipt	<u> </u>	AIM		Date of Receipt		Addit i Billion (1994) e de la militar de la marca.
Amount		Amount				Amount		
				- 19 Test	TOTAL SI	ECTION G	0	
H. P	ersonal Funds of	the Candio	late Rec	aivad thic I	Parinal (Com	#3	- ONT 10	
Date of Receipt	Method of payment;		mio itali	SIVOU EUROLL	Chou Cam		S (UNL 1) Amoun	ıt
	Cash	C	Personal	Check	Credit/Deb	it Card M(A	A RAARO pas	L
Date of Receipt	Method of payment:  Cash	C	Personal (	Check	Credit/Deb	it Card	Amoun	t
Date of Receipt	Method of payment:	C	) Personal (	Chent	Credit/Deb	it Cand	Amoun	t
Date of Receipt	Method of payment:	~	) 1 0130mm.	JILLA	CICHIADO.	II Card	Amoun	<i>4</i>
•	O Cash	C	Personal (	Check	Credit/Debi	it Card	Anoun	
					TOTAL SE	CTION H	0	
		I, And	nymous	Contribut	ions			

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Res. 1/12	- HONELAKI KECEH IS (	Sections A-	-K)		rage / 01 1/
NAME OF COMMITTEE			PE OF REPO		
Surgeon 4	Council		th Day	Preced	ing Primary
V. St. dad	J. Interest from Deposits in Authoriz	remineration of the contract o	ale a sije		4 <b>/ /</b> 2 <u></u>
Name of Institution		Da	te Received	1	Amount
Street Address	City	State	Zip C	ode	
			1		•
Name of Institution		Da	e Received		Amount
Street Address	Lav		···		to the design of the second of
Street Address	City	State	Zip Co	ode	
		- TOPLY SP			
		TOTAL SEC			0
K., Mis	scellaneous Monetary Receipts not Con-	sidered Contr			
маще			Date of Tran	saction	Amount Received
Street Address	City	S	tate Zi	p Code	_
Description ·					
Description		,			
Name		<u>, , , , , , , , , , , , , , , , , , , </u>	Date of Trans	action	Amount Received
Street Address					
Succe Address	City	St	ate Zi <sub>l</sub>	Code	
Description			1		-
3.T.					
Name			Date of Trans	action	Amount Received
Street Address	City	Sta	ate Zip	Code	
Description					
Description	•				
Name			Date of Trans	action	Amount Received
Street Address	City	100	10	Code	,
Sittot Auditess	·	Sta	ate Zip	Code	
Description				<del></del>	
			00-30-20-00-00-00-00-00-00-00-00-00-00-00-00		
		TOTAL SECT	IONK		6
SUMMAR	Y OF OTHER MONETARY RECEIPT	'S (Sections D	through	К)	
Total Loans Received this Period (Section	on D)				3 49, 38
Fotal Receipts from Entities other than I	(ndividuals or Other Committees (Section E)		+	1	7
Total Amount Transferred from Affiliat	ed Business Treasury (Section F)		+	<b></b>	
	ed Labor Union or Other Organization Treasury	(Section G)	+		
····	Candidate Received this Period (Section H)		<u>'</u>		
Total Amount of Interest from Deposits				<del> </del>	$\frac{\mathcal{C}}{\mathcal{C}}$
			+		0
	not Considered Contributions (Section K)		+		
Fotal of Other Monetary Receipt	s (Add Sections D through K). (Enter total on L.	ine 15 of Summary P	age Totals)	1 3	.49.38

NAME OF COMMITTEE		TYPE OF REPOR	T	
Surgeon 4 Council		740 DAY Pr	ecedino	PRIMARY
L1. Fundrais	er Event Information	J	$J^{-1}$	400 J
Fundraising Event# Date of Fundraiser Letter E-7-19 080714A  Description Meet and Erect, Particle of the Company.	cople could meet.	Shirley Surg	pech and d	lonate
Location: Street Address Sun Spigsh JAMAICAN RESTAURANT H25 FRANKlin Avenue HANTfood, CT	City HANtford		State	Zip Code Ole 114
Subpart 1: (All Committees)				
Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section De and complete required beverage and invitation No	information for purc	s not Considered hases made by ho	Contributions st(s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	Yes (If yes, go to Section LA and complete required in No	In-Kind Donations information.)	s not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Rece	ipts here.)	\$	
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	NLV) Yes (If yes, go to Section Lagrand or on a Sign and comp	Purchases of Adve	ertising Space in ation.)	a Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	O Yes (If yes, enter Total Rec	eipts here.)	\$	
Fundraising Event # Description  Description				
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees)  Was this fundraising event hosted at a personal residence?	OYes (If yes, go to Section L4) and complete required in beverage and invitations. ONo	formation for purcha	not Considered (	Contributions (s) for food,
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$100?	OYes (If yes, go to Section L4 I and complete required in	n-Kind Donations i	not Considered C	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Receip	ots here.)	\$	
Subpart 2: (Town Committees and Municipal Candidate Committees Of Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	VLY) O Yes (If yes, go to Section L3) or on a Sign and comple	Purchases of Adver	tising Space in a ion.)	Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Recei	pts here.)	\$	
SUBTOTAL Section LI—Subpart I (All Committees) Total Receip	ts from Sale of Donated Items –	This Page	NA	
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total R	teceipts from Food Purchases —	– This Page	NIA	
	TOTAL of additional Section	n Li Pages	0	Alexandra pagetiment of the second of the se
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (	Enter total on Line 16a of Summary	Page Totals)	0	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

State   Zip Code		Valenziaria de la compania de compania de la compa						
13. Parentaises of Advertising in a Program Book of on a Sign (Manicipal Cardidate and Fown Committees OMA)		And the second of the second o	1			And a 257, 179-2 17-2 17-2		
Purphase Made by: Ones Address  City Suite Proprietorabin  City Suite Proprietorabin  Sole Proprietorabin  Described  Aggregate Purchaser  City Suite Proprietorabin  Described  Aggregate Purchaser  City Suite Proprietorabin  Described  Aggregate Purchaser  City Suite Zip Code  Amount of Program Ad Purchase  Amount of Sign Purchase  Breather  Amount of Sign Purchase  City Suite Zip Code  Suite Zi			t council			y Prec	<u>eding P</u>	RHMMAY
The Received Breat # Onderson    City	L3. Pur	chases of Adverti	sing in a Program B	ook or on a Si	gn (Municipal Candidate and			NLY) Y
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## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

Page 10 of 17

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#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

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(by code)	Fee for use of the facility	08	30719 A	
<u> </u>				\$ 100
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is checke	d)	130
n)/a	None of the below			
MA	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril	• • •	A O B O C O D	
Name of Payee		Organization	Date of Payment	Method of Payment: 74/
Didout	David Enland		8-9-19	Check # 74 7 75
Budget	Pruntersa Embroiderers		0 1-17	O Debit Card OEFT
Street Address	1	City		State Zip Code
1748 PF	MK Street	HARHORD		T 06/06
Purpose of Expenditure		Event A	<i></i>	
(by code)	Description LOON HANGERS	A	JA.	Amount Two checks totally to Amount of:
TKN	100 PAIM CARds			to Amount of
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unle	ess "None of the below" is checked	1)	( ) ( = ) () (
107 <sub>N</sub>	None of the below			19 4/12,94
14/14	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib		. 0- 0- 0-	
Name of Payee	O coordinated without remodusement sought (in-xina contrib		A OB OC OD  Date of Payment	Method of Payment:
•	D		•	Ocheck # 50
Budget	Printers of Embroiderens		8-16-19	O Debit Card OEFT
Street Address J		City		State Zip Code
17/8 PA	ak Street	Honoton		CT 06106
Purpose of Expenditure		Event #	f ,	Amount
(by code)	100 Lawn Signs with-frames	/	2/0	Autount
H-S16/V	106 Posteris		[ [ [ ]	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is checke	ed) .	K11/085
19-44	None of the below	•		1,169.85
NIA I	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	<del>-</del> -		,
Nowa of Pariso	O Cooldinated Without Tennouncer Country	Organization()	A O B O C O D  Date of Payment	Method of Payment:
Name of Payee			Date of Fayment	Check #
				O Debit Card OEFT
Street Address		City		State Zip Code
D	Description	Event to	<u> </u>	
Purpose of Expenditure (by code)	Description	Evol (	•	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unl	ess "None of the below" is checke	d)	
(if applicable)	None of the below			
	Coordinated with reimbursement sought (joint expenditure	~		
	Coordinated without reimbursement sought (in-kind contrit	Organization O	A OB OC OD	and the second s
	SI	UBTOTAL Section P — This	Page 9 7	12 7a
		and a silver of the Address of the A		1011
	TOI	FAL of additional Section P P	ages '(X)\	Δ
	TODIT OF ITT BUDDA	ICEC DATE DV CORANGA	TERE # 1 1-	
	at la la casa de desagona de desa	NSES PAID BY COMMIT 19, Column A of Summary Page 1	Contraction of the Contraction o	12,79
				أستنسب والمستخدمة

NAME OF COMMITTEE	`	TYPE OF REPORT	<b>B</b>
Surgeon 4 Council		2th Day Prec	eding Primary
Name of Payce (Name of Vendor who candidate paid directly)	penses Paid by Candi	date /	a sa de la companya d
RAIN Now VANIETY Street Address		Date of Payment T-22-19	Is reimbursement claimed?  Yes O No
1129 Albany Avenue	City Hartford		State Zip Code  CT 06(12
Purpose of Expenditure (by code)  MIX  Description  Refreshments for Campaign Office	ce I	PA	& Amount 5,27
Name of Payee (Name of Vendor who candidate paid directly)  STOY OF SNOY	A. C.	Date of Payment 8-22-19	Is reimbursement claimed?  Yes No
1380 Benlin turnpike	wethers field	1	State Zip Code  CT 06109
Purpose of Expenditure Description Refreshment's for CAMPAIGN Off	ice	vent # N/A-	Amount 33.96
Name of Payce (Name of Vendor who candidate paid directly)  US Post + Service		Date of Payment	Is reimbursement claimed?  Yes No
Street Address 433 Wood LAND Street	City Haptford		State Zip Code CT OG 112
Purpose of Expenditure (by code)  Description Stamps used to mail thank you wenters of HARTford Democratic	l" letters to E Town Committee Members	vent # N/A	Amount 33
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Street Address		7-29-19	Yes No
1501 New Britain Avenue	West Hant-	ford	State Zip Code  CT O(2/10
Purpose of Expenditure Description Cell phone to be used for CAM activities	paign	rent# N(A)	A 76.59
Name of Payee (Name of Vendor who candidate paid directly)  Thomas Kenney		Date of Payment 8-2-19	Is reimbursement claimed?
55 Redding Street	city Hantford		State Zip Code  CT O(106
Purpose of Expenditure (by code)  PRNT Graphic design for door hanger and Spanish Translation	(Front and bank) En	MA	# HOO
Name of Payee (Name of Vendor who candidate paid directly)  Budget PRINTERS and EMBTO I derers  Street Address		Date of Payment	Is reimbursement claimed? Yes No
1718 PARK Street	Hartford		State Zip Code D6/06
Purpose of Expenditure Description (Description Description Descri	Eve	NA	392.43
	SUBTOTAL Section Q	This Page	940,25
	FOTAL of additional Sect		349,38
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (En	ter total on Line 26 of Summa	ry Page Totals)	349 28

SEEC FORM 20 Resired January 1015 Section Q. ADDITIONAL PAGE 14 of 17

NAME OF COMMIT	TYPE OF REPORT						
Surgeon 4 Council			144 Day Pr	744 Day Preceding Parmary			
		penses Paid by Candi	idate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  Budget Punters and Embroiderers			Date of Payment T-23-19	Is roimbursement claimed?			
Street Address J	Pose of Expenditure Code DRIT 1,000 door Wangers  City  Hartford  Description  Local Description  Code DRIT 1,000 door Wangers			State	Zip Code 06		
Purpose of Expenditure (by code)	rpose of Expenditure 1,000 door WANGERS		Event # W/A	409, B			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
Street Address		City	I	State	Zip Code		
Purpose of Expenditure (by code)	Description	Event #		Amount			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	_	Is reimbursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimbursement claimed?			
Street Address City		City			Zip Code		
Purpose of Expenditure (by code)			Event #		Amount		
Name of Payee (Name of )	lendor, Person or Entity who candidate paid directly)		Date of Payment		Is reimbursement claimed?		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#	Amount			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)  Date			Date of Payment		Is reimbursement claimed?		
Street Address City		City			Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
		SUBTOTAL Section Q —	- This Page	409,	13		

NAME OF COMMI		<u></u>	TYPE OF REPOI		
	ergeon 4 Council	usaa Tusuunalaa Gamaa	244 Day Pre urred on Committee Credit Card		
Name of Issuing Ins	414-44	Type of Credit Card:		<u> </u>	
_	PH	· · · =		merican Express Oother:	
Name of Vendor				Date of Transaction	
	· 				
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in		oordinated with reimbursement s	sought	
; <sub>(ў</sub> <b>п</b> рристоку	O Coordinated without reimbursement sought	O Coordinated without reimbursement sought O Independent O Organization O A O B O O D O E			
Name of Vendor				Date of Transaction	
•					
Street Address		City		State Zip Code	
-					
Purpose of Expenditure (by code)	Description		Event #	Amount	
(0) 0000)					
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in	. •	oordinated with reimbursement se	ought	
	OCcoordinated without reimbursement sought	O Independent Organization:	Dy OB OC OD OF		
Name of Vendor			and the latest and property and the latest and the	Date of Transaction	
Street Address		City		State Zip Code	
		4,			
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure #					
(if applicable)	Type of Expenditure (if applicable) Itemization in		pordinated with reimbursement so	ought	
Name of Vendor	O Coordinated without reimbursement sought O Independent O Organization: OA OB OC OD OE				
, value of young				Date of Transaction	
Street Address		City		State Zip Code	
				State Zip Code	
Purpose of Expenditure	Description		Event#		
(by code)			DYONE #	Amount	
Expenditure #	Type of Expenditure (if applicable) Itemization in a	Addendam R Required O Co	ordinated with reimbursement so		
(if applicable)	Coordinated without reimbursement sought			ugnt	
	] =		,-		
		SUBTOTAL Sec	ction R — This Page	NIA	
		TOTAL of additio	nal Section R Pages	N(p)	
	TÓTAL OF ALL EXPENSES IN		EE CREDIT CARD of Summary Page Totals)	$\bigcirc$	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	- A-		
			7th May Pre			
	S. Expenses Incurred by Com	mittee but Not Paid l	During this Period	J		
Name of Creditor	hie DIANE Gooden			Date Insurred  8 - 1 - 9		
Street Address		City		State Zip Code  CT 06112		
Purpose of Expenditure (by code)	of Expenditure Description Event #		Amount Incurred (Estimate or Actual)			
Espenditure # (if applicable)  N(A	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expend	\$668				
Name of Creditor		get fr. fr. de Ste et state en		Date Incurred		
Street Address	-	City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event#	Amount Incurred (Estimate or Actual)		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required  None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	() Indepe				
Name of Creditor				Date Incurred		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event#	Amount Incurred (Extimate or Actual)		
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the kind of t	Indep	is checked) endent ization: \( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D		
		SUBTOTAL Section	S-This Page	668		
		TOTAL of additional Se	ction S Pages	NIA		
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DUR (Enter total on	RING THIS PERIOD BU Line 28, Column A of Summ	T NOT PAID Arry Page Totals)	668		
	Previously reported Ex	penses Unpaid and still (				
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	D BY COMMITTEE BU ine 28a, Column A of Summ	JT NOT PAID  Jury Page Totals)	e68		

NAME OF COMMIT	ref)			$V_{ ext{TV}}$	PE OF REPORT		
	geon 4 Counci			7.	The state of the s	e Ca Dini	, PRIMARY
	T. Itemization of Re	Contract to the contract of th	s to Committee V	Workers and		CCC(II)	
Last Name of Worker/Co		First		МІ	Date of Payment		of Payment:
	MIT						Check # Debit Card
Secondary Payee							<i></i>
Street Address	4.5 - 66 - 5 - 1		City			State	Zip Code
Purpose of Expenditure	Description	4		Event #		ļ	
(by code)	Description			Byen: #			Amount
77. 17. //						4	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiz		•		mbursement sought	İ	
	Coordinated without reimbursemen	t sought ( ) Indepen	dent Organization:	Dy OB Oc	O D OE		
Last Name of Worker/Co	onsultant	First		MI	Date of Payment		of Payment: Check #
						8	Debit Card
Secondary Payee					•		
Street Address			City			State	Zip Code
Purpose of Expenditure	Description			Event #		<u> </u> 	Amount
(by code)							Zimouzi
Expenditure #	Type of Expenditure (if applicable) Itemiz	ation in Addendum	T Required OCo	ordinated with rei	mbursement sought	-	
(if applicable)	Coordinated without reimbursement sought Ondependent Organization: OA OB OC OD OE						
Last Name of Worker/Co		First		МІ	Date of Payment	Mathod	of Payment:
Last Name of WorkerCo	usutan	First		IVII	Date of Faymon		Check #
Complete D		-					Debit Card
Secondary Payee							
Street Address		~	City			State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	·		Amount
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Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemiza	ation in Addendum	T Required OCoo	ordinated with rei	mbursement sought	1	
(y approudic)	Coordinated without reimbursemen	t sought 🔘 Independ	dent Organization:	A OB OC	OD OE		
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			SUBTOTAL, S	ection T Thi	s Page n	116	
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-			43			(H)	and the same of th
TOTAL OF	ALL DELAWDUD CEASEAST TO	COMMITTE	WOODEDS AN	A CONICIDIT	EXTER .	$\sim$	
	ALL REIMBURSEMENT TO	, commet i bi		nconsorti	ANATO	( )	İ